

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	10385	
O.I.P.E. CLASSIFIER		48	9/1/99
FORMALITY REVIEW	DMK	69165	9-7-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	100	10/1/01
2	2	101	10/1/01
3	3	102	10/1/01
4	4	103	10/1/01
5	5	104	10/1/01
6	6	105	10/1/01
7	7	106	10/1/01
8	8	107	10/1/01
9	9	108	10/1/01
10	10	109	10/1/01
11	11	110	10/1/01
12	12	111	10/1/01
13	13	112	10/1/01
14	14	113	10/1/01
15	15	114	10/1/01
16	16	115	10/1/01
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If more than 150 claims or 10 actions  
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